

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TN	3C870	12/2/50
RESPONSE FORMALITY REVIEW			12 05 02

# INDEX OF CLAIMS



✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
5	1
14	5
14	05
1	✓
2	✓
3	✓
4	✓
5	0
6	✓
7	✓
8	0
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	0
16	0
17	N
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	N
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
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41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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